Healthy Connections Referral Form

Medicaid Participant Information	
Patient Name:	Date:
Medicaid ID #:	DOB:
Appointment (Day/Date):	
Medicaid Provider & Referral Information	
Length of Referral: 1 Visit Visits 3 Months 6 Months 12 Months Other: (maximum length of referral not to exceed 12 months – referrals for ongoing services must be renewed at least annually)	
☐ Referral Mailed ☐ Referral Faxed	
Name of Specialist/Provider:	
Address:	
Phone Number:	
Or, Referral for the following diagnosis/problem:	
Remarks:	
Authorize specialist/provider to pass on this referral to Medicaid providers for services specific to this diagnosis/treatment (e.g. hospital, physical therapy, and durable medical equipment)	
Type of Service Requested	Mental Health (MH) Services (Adult and Children)
☐ Evaluate & Recommend Treatment	☐ Psychosocial Rehabilitation ☐ Case Management
Diagnose & Treat	☐ MH Clinic Services ☐ Substance Abuse Treatment
Follow patient jointly	☐ Assessment, Evaluation and/or Plan Development
☐ Assume care of patient ☐ Surgery, if needed	Other:
Durable Medical Equipment (description):	
Barabie Medical Equipment (decemption).	Developmental Disability (DD) Services (Adults and Children)
One visit referral for this service, no further	☐ Developmental Therapy ☐ Speech Therapy
Referrals issued until patient is seen by the Healthy Connections (HC) primary care provider	☐ Physical Therapy ☐ Occupational Therapy
(PCP)	☐ Service Coordination ☐ Intense Behavioral Intervention (IBI)
_	Assessment, Evaluation and/or Plan Development
Other:	Other:
☐ Please Send Written Report ☐ Please Phore	│ ne With Report ☐ Please Fax Report
HC Provider Referral Number:	
PCP Signature:	
PCP: (Typed, printed or stamped) Name:	
Mailing Address:	
Phone: Fax:	
For questions regarding this referral please ask for:	
Notes to specialists/providers: • In all cases, communicate your assessment and recommendations back to the PCP	
If services beyond those authorized are needed, contact the PCP	
See Reverse Side Regarding: • Medicaid covered services which require a referral • Medicaid covered services which do not require a referral	
Changes to original referral must be authorized by Primary Care Provider	

The following services <u>require</u> a referral from the Healthy Connections Primary Care Provider (PCP)

- Ambulatory Surgical Center Services
- Case Management
- Developmental Therapy
- Durable Medical Equipment and Supplies (DME)
- Home Health Service
- Hospice Services
- Hospital Services: Inpatient and outpatient services.
 (Some inpatient stays require PA through Qualis Health)
- Intensive Behavioral Intervention (IBI)
- Mental Health Clinic Services
- Occupational Therapy

- Oxygen and Related Services
- Physician Services: Not provided by the Healthy Connections (HC) PCP. Including any pre-operative exams for surgical services.
- Physical Therapy
- Prosthetic and Orthotic Services
- Psychosocial Rehabilitation Services
- Service Coordination
- Speech Therapy
- Substance Abuse Treatment Services
- Urgent Care Centers

Note: Some services require a prior authorization (PA) from the Department **and** a referral from the Healthy Connections PCP. For more information regarding Healthy Connections referral requirements, please refer to your Idaho Medicaid Provider Handbook.

The following services <u>do not</u> require a referral from the Healthy Connections Primary Care Provider (PCP)

- Anesthesiology
- Audiology Services (Performed in the office of a certified audiologist)
- Chiropractic Services (Performed in the office) Medicaid does not reimburse chiropractors for x-rays.
- Dental Services
- Emergency Services (Performed in an emergency department of a hospital)
- Family Planning Services: Counseling and supplies to prevent pregnancy.
- Home and Community Bases Services (Waiver): Requires PA from the department.
- Immunizations: Only when vaccine(s) is billed alone or in conjunction with an administration fee. Specialty physicians/providers administering immunizations are asked to provide the participant's PCP with immunization records to assure continuity of care and avoid duplication of services.
- Indian Health Clinic Services
- Influenza Shots Pneumococcal Vaccine: Only when vaccine is billed alone or in conjunction with an administration fee.
- Laboratory and Pathology Services

- Long-Term Care Facilities: Nursing Facilities and intermediate care facility requires authorization from the department.
- Personal Care Services: Requires PA from the department.
- Personal Care Service Coordination: Requires PA from the department.
- Pharmacy Services: For prescription drugs only. DME provided by pharmacies such as infusion pumps will require a referral and may require a PA from the department.
- Podiatry Services: Performed in the office. Services provided outside the Podiatrist's office (hospital or ambulatory surgery center) will require a referral from the PCP.
- Radiological Services.
- School-based Services: Medicaid-covered medical services delivered by a school district or the Infant/Toddler Program.
- Screening Mammographies: Limited to one per calendar year for women age 40 or older.
- Sexually Transmitted Disease: Diagnosis and/or treatment.
- Vision Services: Performed in the offices of ophthalmologists and optometrists, including eye glasses. This does not include services performed in a hospital or ambulatory surgery

For more information on Idaho Medicaid requirements, please refer to your *Idaho Medicaid Provider Handbook*.